

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-576)**

SERIAL NO.
09/325636
AFFIDAVIT

FILING DATE
6-4-99

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3	1					
4		1				
5	1					
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50						
TOTAL	3					
DEF.	2					
TOTAL	5					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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